



## MONTGOMERY COUNTY FIRE/RESCUE SERVICE

## LENGTH OF SERVICE AWARD PROGRAM

**VOLUNTEER REGISTRATION FORM**

(PLEASE PRINT AND COMPLETE ALL INFORMATION IF NEW MEMBER)

VOLUNTEER CORP./LFRD \_\_\_\_\_ MEMBERSHIP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Current Member ☐ New Member ☐ TRANSFER ☐ Change of Address/Phone/Email☐ Beneficiary Change ☐ Deactivation of Former Member ☐ Reactivation of Current Member

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail address: \_\_\_\_\_

Are you presently employed by the Montgomery County Fire and Rescue Service? ☐ Yes ☐ NoAre you a current or past member of another Volunteer Fire Department in Montgomery County? ☐ Yes ☐ No

If Yes, Volunteer Dept: \_\_\_\_\_ Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If yes, which department do you wish to select as "primary" department i.e., this department will submit your training points and coordinate other data \_\_\_\_\_)

## Designation of Beneficiary for Retirement Benefit Payments (Must be Spouse or Domestic Partner):

Name of Spouse or Domestic Partner: \_\_\_\_\_

Spouse/Partner SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If Spouse, Date Married: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse/Partner Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Designation of Beneficiary for Lump Sum Death Benefit (May be Any Person):

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Registrant's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Department Officer or LOSAP Coordinator Signature\_\_\_\_\_  
Date

Registration information is to be entered into the LOSAP database to register the volunteer for LOSAP participation. A signed copy of the registration form should be retained by the Department; copies should be provided to the volunteer and the MCFRS LOSAP administrator, 101 Monroe Street, 12<sup>th</sup> Floor, Rockville, MD 20850.

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